

**Montana Cancer Control Programs**  
***Compensation and Billing - Covered Services***

*Fee for Service Schedule - Effective June 30, 2015    Until notified of a change*

<i>Description of Services</i>	<i>CPT Codes</i>	<i>Rate</i>
<b><i>OFFICE VISITS</i></b>		
Office Visit, New Patient, Problem Focused- 10 minutes	99201	\$44.30
Office Visit, New Patient, Expanded Problem Focus- 20 minutes	99202	\$75.65
Office Visit, New Patient, Low Complexity- 30 minutes	99203	\$110.26
Office Visit, New Patient, Moderate Complexity- 45 minutes	99204	\$167.68
Office Visit, Established Patient, Minimal Problem- 5 minutes	99211	\$20.10
Office Visit, Established Patient, Problem Focused- 10 minutes	99212	\$44.30
Office Visit, Established Patient, Low Complexity- 15 minutes	99213	\$73.42
Office Visit, Established Patient, Moderate Complexity, 25 minutes	99214	\$109.14
Preventive Services, New Patient, Age 18-39	99385	\$75.65
Preventive Services, New Patient, Age 40-64	99386	\$110.26
Preventive Services, New Patient, Age 65 and over	99387	\$110.26
Preventive Services, Established Patient, Age 18-39	99395	\$44.30
Preventive Services, Established Patient, Age 40-64	99396	\$75.65
Preventive Services, Established Patient, Age 65 and over	99397	\$75.65
<b><i>RADIOLOGICAL PROCEDURES</i></b>		
Radiological exam, surgical specimen (global)	76098	\$16.61
Radiological exam, surgical specimen (technical)	76098/TC	\$8.30
Radiological exam, surgical specimen (professional)	76098-26	\$8.30
Ultrasound, complete examination of breast including axilla, unilateral	76641	\$109.89
Ultrasound, complete examination of breast including axilla, unilateral (technical)	76641/TC	\$71.95
Ultrasound, complete examination of breast including axilla, unilateral (professional)	76641-26	\$37.95
Ultrasound, limited examination of breast including axilla, unilateral	76642	\$90.59
Ultrasound, limited examination of breast including axilla, unilateral (technical)	76642/TC	\$55.14
Ultrasound, limited examination of breast including axilla, unilateral (professional)	76642-26	\$35.44
Ultrasound guidance for needle biopsy (global)	76942	\$61.19
Ultrasound guidance for needle biopsy (technical)	76942/TC	\$27.25
Ultrasound guidance for needle biopsy (professional)	76942-26	\$33.93
Mammary ductogram or galactogram, single duct (global)	77053	\$58.52
Mammary ductogram or galactogram, single duct (technical)	77053/TC	\$40.13
Mammary ductogram or galactogram, single duct (professional)	77053-26	\$18.40

<i>Description of Services</i>	<i>CPT Codes</i>	<i>Rate</i>
Diagnostic Mammography, Unilateral (2 views of 1 breast) (global)	77055	\$90.51
Diagnostic Mammography, Unilateral (technical)	77055/TC	\$54.43
Diagnostic Mammography, Unilateral (professional)	77055-26	\$36.08
Diagnostic Mammography, Bilateral (global)	77056	\$116.33
Diagnostic Mammography, Bilateral (technical)	77056/TC	\$71.59
Diagnostic Mammography, Bilateral (professional)	77056-26	\$44.74
Screening Mammography, Bilateral (global)	77057	\$83.00
Screening Mammography, Bilateral (technical)	77057/TC	\$46.92
Screening Mammography, Bilateral (professional)	77057-26	\$36.08
Magnetic Resonance Imaging, breast, with and/or without contrast, unilateral (global)	77058	\$543.73
Magnetic Resonance Imaging, breast, with and/or without contrast, unilateral (technical)	77058/TC	\$459.61
Magnetic Resonance Imaging, breast, with and/or without contrast, unilateral (professional)	77058-26	\$84.12
Magnetic Resonance Imaging, breast, with and/or without contrast, bilateral (global)	77059	\$538.01
Magnetic Resonance Imaging, breast, with and/or without contrast, bilateral (technical)	77059/TC	\$453.89
Magnetic Resonance Imaging, breast, with and/or without contrast, bilateral (professional)	77059-26	\$84.12
Digital Screening Mammography, Bilateral (global)	G0202	\$135.20
Digital Screening Mammography, Bilateral (technical)	G0202/TC	\$99.48
Digital Screening Mammography, Bilateral (professional)	G0202-26	\$35.72
Digital Diagnostic Mammography, Bilateral (global)	G0204	\$164.60
Digital Diagnostic Mammography, Bilateral (technical)	G0204/TC	\$119.86
Digital Diagnostic Mammography, Bilateral (professional)	G0204-26	\$44.74
Digital Diagnostic Mammography, Unilateral (global)	G0206	\$129.84
Digital Diagnostic Mammography, Unilateral (technical)	G0206/TC	\$94.12
Digital Diagnostic Mammography, Unilateral (professional)	G0206-26	\$35.72

#### ***LABORATORY AND PATHOLOGY***

Human Papillomavirus (HPV) High Risk types	87624	\$47.76
Cytopathology, fluids, washings or brushings, except vaginal or cervical (global)	88104	\$75.25
Cytopathology, fluids, washings or brushings, except vaginal or cervical (technical)	88104/TC	\$45.49
Cytopathology, fluids, washings or brushings, except vaginal or cervical (prof)	88104-26	\$29.76
Cytopathology, cervical or vaginal, requiring interpretation by a physician.	88141	\$32.70
Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	88142	\$27.57
Cytopathology with manual screening and re-screening under physician supervision.	88143	\$27.57
Cytopathology with automated screening and manual re-screening under physician supervision.	88148	\$20.68

<i>Description of Services</i>	<i>CPT Codes</i>	<i>Rate</i>
Cytopathology, slides, cervical or vaginal, (Bethesda System) manual screening under physician supervision	88164	\$14.38
Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening and rescreening under physician supervision	88165	\$14.38
Evaluation of fine needle aspirate (global)	88172	\$57.01
Evaluation of fine needle aspirate (technical)	88172/TC	\$19.75
Evaluation of fine needle aspirate (professional)	88172-26	\$37.27
Evaluation of fine needle aspirate, interpretation (global)	88173	\$151.84
Evaluation of fine needle aspirate, interpretation (technical)	88173/TC	\$79.54
Evaluation of fine needle aspirate, interpretation (professional)	88173-26	\$72.31
Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision	88174	\$29.08
Cytopathology with automated screening and re-screening under physician supervision.	88175	\$36.05
Surgical Pathology, gross examination only, global	88300	\$15.54
Surgical Pathology, gross examination only, technical	88300/TC	\$10.81
Surgical Pathology, gross examination only, professional	88300-26	\$4.73
Surgical pathology/biopsy lab. Breast or Cervical specimens only (global)	88305	\$73.10
Surgical pathology/biopsy lab. Breast or Cervical specimens only (technical)	88305/TC	\$34.05
Surgical pathology/biopsy lab. Breast or Cervical specimens only (professional)	88305-26	\$39.05
Surgical pathology. Level V. Breast or Cervical specimens only (global)	88307	\$306.38
Surgical pathology. Level V. Breast or Cervical specimens only (technical)	88307/TC	\$220.41
Surgical pathology. Level V. Breast or Cervical specimens only (professional)	88307-26	\$85.97
Surgical pathology. Level VI. Breast or Cervical specimens only (global)	88309	\$465.02
Surgical pathology. Level VI. Breast or Cervical specimens only (technical)	88309/TC	\$313.02
Surgical pathology. Level VI. Breast or Cervical specimens only (professional)	88309-26	\$152.00
Pathology: Special Stains, global	88312	\$97.77
Pathology: Special Stains, technical	88312/TC	\$69.80
Pathology: Special Stains, professional	88312-26	\$27.97
Consultation, comprehensive, with review of records and specimens, with report on referred material.	88325	\$216.57
Pathology consultation during surgery	88329	\$59.24
First tissue block with frozen sections, single specimen (global)	88331	\$103.49
First tissue block with frozen sections, single specimen (technical)	88331/TC	\$39.05
First tissue block with frozen sections, single specimen (professional)	88331-26	\$64.44
Each additional tissue block with frozen sections (global)	88332	\$45.57
Each additional tissue block with frozen sections (technical)	88332/TC	\$13.67
Each additional tissue block with frozen sections (professional)	88332-26	\$31.90

<i>Description of Services</i>	<i>CPT Codes</i>	<i>Rate</i>
Pathology: Immunohistochemistry or immunocytochemistry, per specimen, each additional single antibody stain procedure (global)	88341	\$67.74
Pathology: Immunohistochemistry or immunocytochemistry, per specimen, each additional single antibody stain procedure (technical)	88341/TC	\$45.85
Pathology: Immunohistochemistry or immunocytochemistry, per specimen, each additional single antibody stain procedure (professional)	88341-26	\$21.89
Pathology: Immunohistochemistry or immunocytochemistry, per specimen, initial single antibody stain procedure (global)	88342	\$90.62
Pathology: Immunohistochemistry or immunocytochemistry, per specimen, initial single antibody stain procedure (technical)	88342/TC	\$54.07
Pathology: Immunohistochemistry or immunocytochemistry, per specimen, initial single antibody stain procedure (professional)	88342-26	\$36.55

### ***BREAST SURGERIES***

Anesthesia, anterior trunk (baseline= 3 units@ 15 minutes each)	00400	\$22.99
Fine needle aspiration, without imaging guidance	10021	\$152.70
Fine needle aspiration, without imaging guidance, Physicians Fee if performed in facility	10021-26	\$72.96
Fine needle aspiration, with imaging guidance	10022	\$144.95
Fine needle aspiration, with imaging guidance, Physician fee if performed in facility	10022-26	\$69.15
Puncture aspiration of cyst of breast	19000	\$115.66
Puncture aspiration of cyst of breast, Physician fee if performed in facility	19000-26	\$45.94
Puncture aspiration of cyst of breast, each additional	19001	\$27.94
Puncture aspiration of cyst of breast, each additional, Physician fee if performed in facility	19001-26	\$22.93
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; first lesion	19081	\$677.00
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; first lesion. Physician Fee if performed in facility.	19081-26	\$175.72
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; each additional lesion	19082	\$554.06
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; each additional lesion. Physician Fee if performed in facility.	19082-26	\$87.82
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; first lesion	19083	\$663.16
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; first lesion. Physician Fee if performed in facility.	19083-26	\$174.75
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; each additional lesion.	19084	\$533.24
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; each additional lesion. Physician Fee if performed in facility.	19084-26	\$82.73
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; first lesion.	19085	\$1,047.72

<i>Description of Services</i>	<i>CPT Codes</i>	<i>Rate</i>
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; first lesion. Physician Fee if performed in facility.	19085-26	\$213.92
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; each additional lesion.	19086	\$833.51
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; each additional lesion. Physician Fee if performed in facility.	19086-26	\$99.47
Biopsy of breast, percutaneous, needle core, not using imaging guidance	19100	\$156.53
Biopsy of breast, percutaneous, needle core, not using imaging guidance, Physician fee if performed in facility	19100-26	\$75.01
Biopsy of breast, open, incisional	19101	\$352.72
Biopsy of breast, open, incisional, Physician fee if performed in facility	19101-26	\$233.66
Nipple Exploration, with or without excision of a solitary lactiferous duct or a papilloma lactiferous duct	19110	\$501.46
Nipple Exploration, with or without excision of a solitary lactiferous duct or a papilloma lactiferous duct, Physician fee if performed in facility	19110-26	\$358.08
Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion, open, one or more lesions.	19120	\$513.78
Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion, open, one or more lesions, Physician fee if performed in facility	19120-26	\$434.41
Excision of breast lesion identified by preoperative placement of radiological marker, single lesion.	19125	\$571.69
Excision of breast lesion identified by preoperative placement of radiological marker, single lesion, Physician fee if performed in facility	19125-26	\$483.74
Excision of breast lesion separately identified by preoperative placement of radiological marker, each additional lesion.	19126	\$172.99
Placement of breast localization device, percutaneous; mammographic guidance; first lesion.	19281	\$244.67
Placement of breast localization device, percutaneous; mammographic guidance; first lesion. Physician Fee if performed in facility.	19281-26	\$106.65
Placement of breast localization device, percutaneous; mammographic guidance; each additional lesion.	19282	\$171.16
Placement of breast localization device, percutaneous; mammographic guidance; each additional lesion. Physician Fee if performed in facility.	19282-26	\$54.24
Placement of breast localization device, percutaneous; stereotactic guidance; first lesion.	19283	\$278.63
Placement of breast localization device, percutaneous; stereotactic guidance; first lesion. Physician Fee if performed in facility.	19283-26	\$107.01
Placement of breast localization device, percutaneous; stereotactic guidance; each additional lesion.	19284	\$205.84
Placement of breast localization device, percutaneous; stereotactic guidance; each additional lesion. Physician Fee if performed in facility.	19284-26	\$54.60
Placement of breast localization device, percutaneous; ultrasound guidance; first lesion	19285	\$453.23
Placement of breast localization device, percutaneous; ultrasound guidance; first lesion. Physician Fee if performed in facility.	19285-26	\$91.04

<i>Description of Services</i>	<i>CPT Codes</i>	<i>Rate</i>
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; each additional lesion.	19286	\$384.81
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; each additional lesion. Physician Fee if performed in facility.	19286-26	\$46.22
Placement of breast localization device, percutaneous; magnetic resonance guidance; first lesion	19287	\$886.70
Placement of breast localization device, percutaneous; magnetic resonance guidance; first lesion. Physician Fee if performed in facility.	19287-26	\$145.14
Placement of breast localization device, percutaneous; magnetic resonance guidance; each additional lesion	19288	\$710.67
Placement of breast localization device, percutaneous; magnetic resonance guidance; each additional lesion. Physician Fee if performed in facility.	19288-26	\$70.30

### ***CERVICAL SURGERIES***

Colposcopy of the cervix including upper/adjacent vagina. Facility fee.	57452	\$112.54
Colposcopy of the cervix including upper/adjacent vagina, Physician fee if performed in facility	57452-26	\$96.09
Colposcopy with biopsy(s) of the cervix and endocervical curettage. Facility fee.	57454	\$157.96
Colposcopy with biopsy(s) of the cervix and endocervical curettage, Physician fee if performed in facility	57454-26	\$141.51
Colposcopy with biopsy(s) of the cervix. Facility fee.	57455	\$147.70
Colposcopy with biopsy(s) of the cervix, Physician fee if performed in facility	57455-26	\$115.52
Colposcopy with endocervical curettage. Facility fee.	57456	\$138.88
Colposcopy with endocervical curettage, Physician fee if performed in facility	57456-26	\$107.42
Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulguration.	57500	\$131.08
Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulguration. Physician fee if performed in facility	57500-26	\$78.88
Endocervical Curettage	57505	\$104.62
Endocervical Curettage, Physician fee if performed in facility	57505-26	\$94.97

### ***PRIOR APPROVAL CODES***

Anesthesia, Vaginal Procedures	00940	\$22.99
Colposcopy with Loop Electrode biopsy(s) of the cervix. Facility fee.	57460	\$288.95
Colposcopy with Loop Electrode biopsy(s) of the cervix, Physician fee if performed in facility	57460-26	\$168.81
Colposcopy with Loop Electrode conization of the cervix	57461	\$327.65
Colposcopy with Loop Electrode conization of the cervix, Physician fee if performed in facility	57461-26	\$195.72
Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair, cold knife or laser	57520	\$316.85
Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair, cold knife or laser, Physician fee if performed in facility	57520-26	\$285.25

<i>Description of Services</i>	<i>CPT Codes</i>	<i>Rate</i>
Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair, loop electrode excision	57522	\$271.05
Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair, loop electrode excision, Physician fee if performed in facility	57522-26	\$252.10
Endometrial Biopsy	58100	\$112.02
Endometrial Biopsy, Physician fee if performed in facility	58100-26	\$90.56
Endometrial sampling (biopsy) performed in conjunction with colposcopy	58110	\$49.79
Endometrial sampling (biopsy) performed in conjunction with colposcopy. Physician fee if performed in facility	58110-26	\$43.00

- ☐ Digital mammography technology may be used to screen women for breast cancer.
- ☐ Surgical facility reimbursement is paid for outpatient surgery only. Claim lines containing allowable codes will be paid at the MBCHP rate. Reimbursement for the remaining claim lines that are related to allowable procedures will be calculated at the CURRENT Montana Medicaid statewide outpatient cost to charge ratio (CCR). The CCR for FY2015 is 50%.
- ☐ In order for a claim to be paid, it must be received within 365 days of the date of service.
- ☐ These rates may be subject to change if Medicare Participating rates change during the year.